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Health Leaflet

U. S. PUBLIC HEALTH SERVICE
FEDERAL SECURITY AGENCY, WASHINGTON, D. C.

PREPARED BY THE DIVISION OF PUBLIC HEALTH METHODS

HOME CARE OF THE SICK

GENERAL STATEMENT:

A majority of the persons who are sick in the United States today are being cared for in their homes. Some knowledge of the general principles of the care of the sick is highly desirable when, for economic or other reasons, skilled nursing service cannot be secured. When home care is intelligently applied, it not only promotes the comfort and welfare of the patient, but it can serve the physician in attendance effectively as the source of much helpful information on the progress of the case. Because special care will be prescribed in many instances by the attending physician, only such general measures as are applicable to all cases will be considered in this leaflet.

The average home does not lend itself conveniently to the care of a very sick patient. Every effort should be made to provide hospital care for seriously ill persons.

PERSONS CARING FOR THE SICK:

Persons caring for the sick should maintain a cheerful and sympathetic attitude at all times. Only clothing that can be laundered and kept scrupulously clean should be worn. The hands should be washed with soap and running water immediately after each handling of the patient. When running water is not available, an assistant may pour water over the hands of the attendant.

Under no circumstances should an attempt be made to *diagnose* or to *treat* the patient. The attendant should obtain orders from the physician regarding the care of the patient. Any suggestions offered by "well meaning" visitors should be ignored.

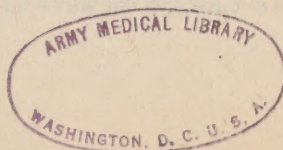
It is a good practice to write down the physician's orders so that details will not be forgotten.

OBSERVATIONS THAT ARE HELPFUL TO THE PHYSICIAN:

When there is illness in the home, the physician may appreciate a written record of observations made during his absence.

These observations should include:

1. Temperature -- morning, afternoon, and evening.
2. Quality and duration of sleep.
3. Number and kind of bowel movements.
4. Amount of urine passed in 24 hours.



5. Items and amount of food eaten.
6. Amount of liquids taken (including water, fruit juices, tea, milk, etc.).
7. Attitude of patient (irritable, fearful, cheerful, contented, etc.).

SELECTION OF ROOM:

When possible, the patient should be placed in a room not used by another member of the family. The room should be well lighted, and easily ventilated, and near the bathroom and toilet, if such facilities are available. Unnecessary furniture, ornaments, and hangings should be removed. The windows should be well screened and provided with adjustable window shades. The room should be thoroughly cleaned and the dust removed daily with a damp cloth.

Attention should be given to the patient's preferences concerning the temperature and lighting of the room. Members of the household should cooperate in maintaining quiet and in affording the patient privacy. In cases of serious illness, any discussion of the disease in the patient's presence should not be permitted.

SICKROOM EQUIPMENT:

In addition to a comfortable bed, the minimum equipment for a sickroom should include:

1. A complete set of toilet articles for the patient, including comb, brush, toothbrush, washbasin, soap, washcloth, towels; bedpan or chamber should be furnished if the patient's condition requires.
2. A clinical thermometer and cotton or tissues for wiping the thermometer before and after using. Cleansing with soap and water will satisfactorily disinfect a thermometer.
3. Paper napkins or tissues for nose and throat discharges and a paper bag for the used tissues. These should be burned or, if facilities for burning in the home are not available, each bag should be wrapped in newspaper, tied securely with a cord, marked "To be burned" and left for regular trash collector.
4. A washable gown or cover-all apron for the attendant to wear while in the sickroom. A hook near the door should be used for hanging the gown when not in use.
5. If running water is not available, an additional basin, pitcher of water, and soap and towel should be provided for the attendant's use. (The attendant should wash his hands and arms thoroughly before and after waiting on the patient.)

THE BED:

If available, a single bed equipped with a firm spring and mattress should be selected. Most home beds are too low for the care of a patient without undue strain on the attendant. The bed may be raised to the desired height by placing a block of wood under each leg. Be sure casters are removed before placing bed on blocks. It will add greatly to the patient's comfort to have the bed level.

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The bedclothing should be of lightweight washable materials. Do not use heavy comforters or fancy spreads which cannot easily be laundered. The mattress should be protected by a washable pad, and, for children or patients who cannot control body discharges, additional protection should be provided through the use of a rubber sheet or a piece of oilcloth. If neither is available, a useful substitute is afforded by sewing a muslin cover over about 24 double pages of newspaper.

TO CHANGE SHEET UNDER PATIENT:

1. Gently roll patient over to one side of bed.
2. Fold soiled sheet close up against the body.
3. Fold the clean sheet in narrow pleats and adjust to the mattress as close to the patient as possible, and tuck well at the side, the head and foot of bed.
4. Gently roll patient to the side of the bed covered by the clean sheet.
5. Withdraw soiled sheet, and pull the clean sheet in place.
6. Smooth sheet of wrinkles and tuck tightly on that side and at the head and foot of the bed.
7. All of these changes can be accomplished without uncovering the patient.

PREPARATION OF PATIENT FOR THE DAY:

The face and hands should be washed, the teeth brushed and the hair combed soon after the patient has fully awakened. A daily sponge bath is both refreshing and stimulating. Upon completion of the toilet, the patient's back should be rubbed with alcohol, especially those places on which the weight falls -- the back, shoulders, heels and elbows. This will help maintain good circulation of blood and may prevent the development at these pressure spots of "bed sores," which are very painful and heal slowly.

DIET:

The diet of a patient should be governed by the advice of the physician in attendance. Until the arrival of the physician, it is usually safe to allow the patient a soft or liquid diet, consisting of milk, eggs, milk toast, orange juice or broth. Food served in an attractive manner helps to stimulate the appetite.

LAXATIVES AND ENEMAS:

The use of laxatives and enemas should be left to the advice of the physician.

SECRECTIONS:

All secretions of the nose and throat should be collected in paper tissues and promptly burned.

HOT WATER BOTTLE:

To avoid burning the patient, never fill a hot water bottle with boiling water. Use water below boiling temperature and test bag on forearm before applying to patient. Bottles should be half filled and the air expelled by squeezing the bottle until water comes to the top. The stopper should then be inserted. The bag should be covered with a bath towel or piece of flannel before applying it to the skin.

COMMUNICABLE DISEASES:

Most communicable diseases are more "catching" during the first days of illness, and frequently before the diagnosis has been established. It is well to consider every illness communicable until the physician has decided otherwise. Therefore, no one but the attendant should be permitted to enter the sickroom.

Wash all eating and drinking utensils with soap and water, scald with boiling water after each use by the patient and keep them separate from utensils used by other members of the family unless they are boiled for five minutes after each use.

WHERE TO OBTAIN INSTRUCTIONS IN NURSING CARE:

Every community should have a public health nursing service. One of the functions of the public health nurse is to teach home hygiene and the care of the sick. When a member of the family is ill, ask the community public health nurse or visiting nurse to come to your home to demonstrate approved nursing methods. This nurse may assist you to a clearer understanding of the physician's orders, and she can help you in many ways to make the patient more comfortable.

If a Red Cross home-nursing class is being taught in your community, some member of your family should enroll for this instruction.

PROPER CARE OF THE SICK ADDS TO THE PATIENT'S COMFORT AND WILL DO MUCH TO HASTEN RECOVERY.

